

PRESS FIRMLY TO SEAL

7017 1450 0000 9411 2914

Y TO SEAL

PRIORITY MAIL
POSTAGE REQUIRED

PRIORITY[®] ★ MAIL ★

DATE OF DELIVERY SPECIFIED *

USPS TRACKING[™] INCLUDED *

INSURANCE INCLUDED *

PICKUP AVAILABLE

* Domestic only

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.

FROM:

U.S.W.G.O.

*Brian D Hill
Signed*

Brian D. Hill
310 Forest Street, Apartment 2
Martinsville, VA 24112

TO: *Please Drain The Swamp, Trump*

CLIENT'S CONTACT COURT

133 CB

ATTN: Clerk of the Court
U.S. District Court
324 W. Market Street, Suite 1
Greensboro, NC 27401-2544



PS00001000014

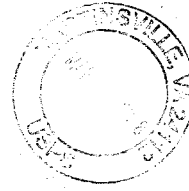
EP14F July 2013
OD: 12.5 x 9.5

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INSPIRE



Tyvek®
at's Inside™

age pickup right from your home or office at usps.com/pickup
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SS FIRMLY

RECIPIENT

The sender has
Immediately up
NAME:
Tel. No.:

Attn: Clerk of Court
U.S. District Court
324 W. Market Street, Suite 1330B
Greensboro, NC 27401-2544

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

USPS
Permit No. G-10



1007

27401

PAID
MARTINSVILLE, VA
MAR 14 18
AMOUNT
\$0.00
R2305K137082-15

CUSTOMER USE ONLY
FROM: (PLEASE PRINT) PHONE: ()

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer:
1) Requires the addressee's signature, OR 2) Purchases additional insurance (OR 3) Purchases COD service (OR 4) Purchases Return Receipt service. (The box is not checked; the addressee's signature will be required.)
☐ **NO SIGNATURE REQUIRED** (Delivered next business day)
☐ **NO SUNDAY/HOLIDAY DELIVERY REQUIRED** (Additional fee, where available)
☐ **10:30 AM DELIVERY REQUIRED** (Additional fee, where available)
*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE: ()

ZIP+4® (U.S. ADDRESSES ONLY)

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\$100.00 Insurance included.



**PRIORITY
MAIL
EXPRESS™**

EEJ24583224US



When used internationally:

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code: ☐ 1 Day ☐ 2 Day ☐ Military ☐ Info

Date Accepted (MM/DD/YY) Scheduled Delivery Date (MM/DD/YY) Insurance Fee \$ COD Fee \$

Time Accepted ☐ AM ☐ PM 10:30 AM Delivery Fee \$ Return Receipt Fee \$

Special handling fee \$ Surcharge/Fuel Premium Fee \$ Total Postage & Fees \$

Weight \$ Full Rate Acquisition Employee Fee \$

DELIVERY (POSTAL SERVICE USE ONLY) Delivery Attempt (MM/DD/YY) Time ☐ AM ☐ PM Employee Signature

Delivery Attempt (MM/DD/YY) Time ☐ AM ☐ PM Employee Signature



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